## TEXAS BEHAVIORAL HEALTH EXECUTIVE COUNCIL TEXAS STATE BOARD OF SOCIAL WORKER EXAMINERS

## VERIFICATION OF LICENSURE IN OTHER JURISDICTION

Directions to Applicant: Complete Part I and forward to the jurisdiction where you hold a license to practice Social Work.

PART I-TO BE COMPLETED BY THE APPLICANT Name of Applicant		State from which Verification is Requested		License No.	Date Issued
I was granted a license as described above and request that board, as applicable, be submitted to the Texas State Board			ervised exp	erience appr	roved by your
You are hereby authorized to release any information in you	ur files, favor	able or otherwise, dire	ectly to this	state's Socia	al Work Board.
Your early attention is appreciated.					
	Signature		Date		_
PART II-TO BE COMPLETED BY THE STATE BOA return it to the address indicated below. Attach copies of received their MSW.)  Name of Licensee	of any verific		experience		
			No	0.	
Please Verify All Requirements Met in Your Jurisdie	ction				
Education: BSW from CSWE Accredited School MSW from CSWE Accredited School	# Hours of su # Hours clinic # Months Post LMS # Hours of su			al experience W Non-clinical Experience	
Exam Taken ASWB Other		Date Exam Passed		Level	Exam Taken
If no Exam score is on file, how was licensure obtained Grandfathered Endorsement; If		what state?			
License Current? Expiration Date  Yes No	_	Complaints and/or Disciplinary Action Yes* No			
*Explain Complaints or Disciplinary Actions (please end	close a copy	of any board orders)	:		
Signature of person completing form	Date				
Printed name of person completing form / phone number		Insert Board Seal Here			
Title of person completing form	_				
Mail to: TBHEC					

**1801 Congress Ave., Ste. 7.300** 

**Austin, TX 78701**